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SUBJECT: TROUBLING LIVING CONDITIONS AND MEDICAL ACCESS FOR
ILLEGAL IMMIGRANTS TO GREECE

REF: A. 07 ATHENS 02204

[1](#)B. ATHENS 00260

SENSITIVE BUT UNCLASSIFIED - PROTECT ACCORDINGLY

SUMMARY

[1](#)1. (SBU) At a May 21, 2008, press conference, the organization Medecins Sans Frontieres (MSF) presented the damning results of an exploratory mission conducted in February 2008 to assess the health and living conditions at various immigrant detention centers and camps throughout Greece. The MSF report findings included: irregular and insufficient medical care, staffing shortages including lack of mental health providers and translators, extremely poor living conditions, and no comprehensive policy for the provision of medical care. MSF provided further details during a June 23 meeting between PolOff and MSF Programmes Director Apostolos Veizis and Head of Mission Yorgos Karagiannis. END SUMMARY.

THE FINDINGS

[1](#)2. (SBU) The MSF exploratory mission took place February 11-28, 2008, and looked at health conditions in detention centers on the Greek islands of Samos, Lesbos(Mytilini), and Chios and the border region of Evros, as well as at the migrants' temporary settlements in Patras and Igoumeniza (NOTE: The settlement in Igoumeniza had been dismantled, so there were no observations for this site. END NOTE). MSF, working with the Ministry of Interior, was able to get unprecedented access to the detention centers, although the visits were limited to a day each. The evaluation revealed serious problems with the conditions and the provision of health care at all sites, but mostcritically at the detention centers in Mytilini and Evros and at the Patras temporary settlement.

[1](#)3. (SBU) According to the MSF, the detention centersare in critical need of appropriate health cae provision. MSF cited a number of urgent cocerns, including:

--Unacceptable living conitions: Many facilities were former warehouse, which lacked hot water and proper ventilation. Shower and sanitary facilities were insufficient (Veizis mentioned that in some centers there appeared to be one bathroom for 300 people) and often not well-maintained. Veizis also mentioned the problems of overcrowding, lack of gender segregation, and not enough beds for all the detainees.

--Insufficient personnel: While some detention centers had a doctor on a daily basis, the available care was limited by the large number of detainees and the frequency of new arrivals. There were no mental health professionals and therefore almost no assistance with mental health issues. Most centers had no interpreters, and the ones that did, had only French-Greek translators while many of the detainees were from Pakistan, Afghanistan, and Iraq. According to MSF, this lack of interpreters had a negative impact not only in

seeking health care assistance, but also in seeking information about the asylum process and the legal framework.

--No common policy for the provision of health care:

Access to medical care varied greatly amongst the detention centers. In some cases, all immigrants underwent medical screening, while in others they did so only if there was a particular concern. There was also no policy regarding unaccompanied children who were dealt with on an "ad hoc" basis. The problem was further exacerbated by the lack of distinction of responsibilities between the prefecture, police, and hospital system. Veizis saw the lack of a uniform directive as the most critical problem. There were no defined guidelines for what care a detainee was supposed to get or who should be providing it. Therefore, there was confusion as to whether local directors and prefectures were allowed to provide certain care. Even in cases when they were willing to provide medical services, they often were unable to do so due to bureaucratic hurdles (such as unavailable codes under which to allocate payment to a provider).

14. (SBU) The MSF report described the situation in the settlement camp of Patras as "precarious" and living conditions as "terrible." Residents had very limited access to health care and what was available was provided by volunteer local doctors and citizens. These doctors were doing so at their own risk, however, since Greek law required them to report any illegal immigrant whom they encountered. The camp had no running water and therefore no working toilets. The structures were constructed from rubbish materials, and since it was not recognized by the state, the only electricity was that stolen from the nearby public network.

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PLAN OF ACTION

15. (SBU) Due to the critical needs revealed during the intervention, MSF had started an emergency intervention project in the detention center of Mytilini and in the Patras temporary settlement, with another one planned for one of the detention centers in the Evros region. The interventions consisted of: a) provision of primary medical care b) provision of mental health care, and c) improvement of the hygiene conditions and facilities in the detention centers. According to MSF, the Greek government had accepted the findings and had so far allowed access to the Mytilini detention center.

16. (SBU) The intervention in the Patras camp started on May 12, 2008. A team made up of a physician, a psychologist and a logistician had established a facility inside the camp. They had seen almost 250 cases, mostly Afghani men, ages 20-23. They had also established an informal referral network (again at the doctors' risk) and were working with the Hellenic Red Cross who provided legal support. MSF continued to work with the prefecture and the Mayor's office, but claimed it was a difficult challenge since no one wanted to take responsibility for the camp. A similar team visited the detention center of Mytilini on a daily basis. There, they were also working with the local prefecture to ensure it provided vaccinations to those at risk.

17. (SBU) Long-term, MSF plans to conduct a more in-depth assessment into the problems faced by illegal migrants including seasonal workers and those who are released and ordered to leave Greece. They hoped to continue working with the Greek government, especially on the issue of national guidelines and implementable procedures for the provision of health care to illegal immigrants.

COMMENT

18. (SBU) Post agrees that establishing a uniform directive for the provision of health care is an important step for the Greek government. As indicated in Ref B, currently, detainee treatment depends on the local leadership and its stance towards the immigrants. However, we are unaware of any indication that the government is working on any such directive. While during the past year the Greek government has taken steps to improve living conditions in the detention centers (new facility in Samos and another one expected in Lakonia), the detention centers are still overcrowded and access to medical care, even in the new facilities, remains a problem.

SPECKHARD